



December 13, 2018

Web Announcement 1776

Modernization: Attention All Providers: Changes Regarding Claims Submission of Medicare Crossover Claims

The Division of Health Care Financing and Policy (DHCFP) is implementing a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019. In preparation for the new MMIS, please be advised of a change regarding Medicare crossover claims.

If Medicare denies a claim and the claim crosses over to Nevada Medicaid with no Medicare payment or coinsurance/deductible, then the provider will need to submit the claim to Nevada Medicaid through the Provider Web Portal Direct Data Entry (DDE) as a regular Fee-for-Service (FFS) claim along with the Medicare denial reason. In the current MMIS, denied Medicare crossover claims pay at zero dollars and providers need to resubmit on paper with the Medicare Explanation of Benefits (EOB). Denied Medicare crossover claims processed in the new MMIS will deny and providers must resubmit through DDE with the Medicare EOB attached.

If there are any questions, please do not hesitate to contact Nevada Medicaid.